

Volume 45 No. 3 September 4, 2006



Optometry 2020 Summit20 optometric groups

20 optometric groups chart course for future



Members of the American Optometric Student Association discuss the role of students in shaping the future of the profession of optometry. he most farreaching, and final, Optometry 2020 Summit has led to a series of priorities for the profession and pledges by AOA and many other groups to work toward attaining the "preferred future" of the profession. At the third of the Summits, Aug. 11-12, the emphasis was on collaboration.

Representatives from more than 20 optometric organizations were invited to review the list of "preferred futures" developed at the second Summit last February, covering eight areas:

see Summit, page 4

Optometrists gain bigger role in third-party plans, survey finds

ood news," said AOA Information and Data Committee Chair Richard C. Edlow, O.D., assessing results of the AOA 2006 Third-Party/Managed Care Survey.

The survey finds a significant increase in participation by optometrists in insurance programs including managed care plans, Dr. Edlow said.

That has meant increases in both patient volume and practice revenues for optometrists, the survey

finds

Optometrists are not only seeing more patients under more public and private, feefor-service and managed care plans, but providing them more services – and more types of services, the survey finds.

As a result, while more patients are receiving discounts on services and eyewear, the survey suggests involvement in managed care and other third-party plans has been a benefit to optometric practices.

"The overall sense

that I get from the latest survey results is that optometry is much more engaged with managed care than ever before and that managed care is beneficial to the economic health of the optometric practice," Dr. Edlow said.

The AOA
Information and Data
Committee survey also
suggests ongoing efforts
by the AOA Eye Care
Benefits Center, to
ensure acceptance of
optometrists by insurance plans, are reaping

see Gain, page 14

New mom credits InfantSEE™ with saving child's life

Stacey Zellers was watching the Today show one morning in June 2005 when she saw President Jimmy Carter and Scott Jens, O.D., talking about infant eye health and the new InfantSEETM program that provided assessments at no charge.

As a typical firsttime mom, Stacey thought this was something else she had to worry about.

She mentioned the InfantSEETM program to her mother, who thought she was going overboard and responded with an unsure sense of how infant eyes would be assessed because a baby would be unable to read an eye chart.

Nonetheless, Stacey, a first-grade teacher, visited the InfantSEETM Web site (www.infantsee.org) and learned about the public health program

designed to ensure that eye and vision care become an integral part of infant wellness care.

Five months later, Stacey gave birth to Gracie, who showed no signs of health problems.

Gracie's well-child



Gracie Zellers is adapting to her eye patch following surgery for retinal blastoma, a condition first identified during an InfantSEE™ assessment.

exams at the pediatrician's office gave no indication that anything was amiss. She was

see Life, page 12

Insida



Eye on Washington,



Industry News, Page 16



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President's Column

A vision for the future

fter three major meetings, and collaboration with all major optometric organizations, I'm pleased to say that the work of building our profession's future has officially begun.

As reported in this issue, we convened the third and final Optometry 2020 Summit last month and, by the end, had some clear pictures of where we want the profession to go.

The process has been a highly thought out, structured series.

We first came together one year ago to begin the process of looking to the future of our profession. We listened to several futurists, heard presentations on current trends and then asked each other "What are all the possibilities – the good, the bad, and the ugly?" As we filled in the answers, we began to consider the great potential of our profession.

We convened in February of this year and took all those possibilities and attempted to come to a consensus of what we WANTED our future to be

At that summit, we voted on 48 different statements that could be true in the year 2020.

For example, the following statement had strong support: "The

impact of advanced technology has increased quality of care, access to care, and optometric productivity. Technological changes in eye care delivery systems allow optometry to focus more on diagnosing and treating ocular and systemic conditions/diseases.

Optometry fully incorporates genomics."

By the time we got to the third Summit, we had a clear idea where we wanted the profession to go in the areas of

- Eye CarePatient/Consumer
- Science and Technology
- Economics
- Eye Care Delivery
- Human Resources
- Knowledge,Education and Training
- Licensure,
 Regulation and
 Continued/Advanced
 Competence
- Industry and Profession Synergies.

At the third Summit, last month, we came back together to finish the job by accepting responsibility for making the objectives reality.

More than 20 organizations, the state and affiliated optometric associations, over a dozen students of optometry and other invited guests examined each "preferred future" to determine if it was

within their purview, determine who they should collaborate with and outline a time frame for their group to take action and report back to the Optometry 2020 Summit committee.

The exercise has been exciting and rewarding. By bringing together so many optometric organizations, I believe the whole profession has been strengthened.

Many have said that this series of meetings has the potential to be the most important meetings ever held in the profession and are historic in nature.

Webster says that to be historic, they must have great and lasting importance. The students and recent graduates who attended will be the ultimate judges as to the historic impact of these meetings, but that will come many years from now.

In the meantime, our world and our profession is changing, that is a fact that cannot be altered.

On behalf of the board of trustees and actually the whole profession, I want to thank the entire project team in general and Dr. Alexander in particular for their ability to "get-'er-done." This has not

See Vision, page 7



Dr. Crooks

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Howard Braverman, O.D., moderates discussions of the Ophthalmic Council participants.

Summit, from page 1

- Eye CarePatient/Consumer
- Science and Technology
- Economics
- Eye Care Delivery
- Human Resources
- Knowledge,

Education and Training

- Licensure,
- Regulation and Continued/

Advanced Competence

Industry and Profession Synergies

According to Summit Chair Kevin L. Alexander, O.D., Ph.D., participants were the invited leaders of optometric organizations and industry representatives.

"The goal of Summit 3 will be to develop strategies to achieve the 'Desired States' identified by Summit 2," he said

Dr. Alexander noted that there were three challenges issued by the participants of the AOA Ophthalmic Council, a group composed of 17 leading ophthalmic companies that funded the series of meetings.

The challenges consisted of the following:



AOA President-elect, and Summit Chair Kevin L. Alexander, O.D., Ph.D., outlines the goals of AOA's third Optometry 2020 meeting.

- Develop a clear road map for the profession with timelines.
- Establish a "reason to believe" (a rallying cry) for optometrists to galvanize behind to ensure the desired outcomes.
- Get industry's "buyin and commitment," which involves optometry growing the category of "Eye Care Consumers."

As Summit 3 participants refined the "preferred futures" developed at Summit 2, they heard presentations on two topics: laser/surgery and continued competence/certification during a "Special Issues" session.

According to Dr. Alexander, both topics

were considered by nearly all ODs at prior
Summits as important to discuss, but did not have a place in the listing of preferred futures. To assist the discussion, prominent ODs presented two sides of each issue.

For the topic of "Laser surgery/ minor surgery/ advanced treatments," the "Opportunities" were summarized by Christopher Quinn, O.D., and the "Challenges" were described by Walter Choate, O.D.

For the topic of certification/ advanced competence futures, the speakers included Jack E. Terry, O.D., Ph.D., executive director,



Christina M. Sorenson, O.D., raises a point during a breakout session by representatives of ARBO, including, from left, ARBO President Robert Easton, O.D.; Donald Crouch, O.D.; Jerald Combs, O.D., and Jeff Weaver, O.D.

Organizations participating in Optometry 2020 Summit 3

Accreditation Council on Optometric Education American Academy of Optometry American Optometric Association American Optometric Association Foundation for

Science, Education, and Charity American Optometric Student Association AOA Affiliates

AOA Ophthalmic Council AOA Low Vision Section AOA Paraoptometric Section

Association of Regulatory Boards of Optometry
Association of Schools & Colleges of Optometry
Canadian Association of Optometrists
College of Optometrists in Vision Development
Commission on Paraoptometric Certification
National Academy of Practice – Optometry
National Association of VA Optometrists
National Board of Examiners in Optometry

National Optometric Association
Neuro-Optometric Rehabilitation Association
Optometric Extension Program

Schools & Colleges of Optometry Representatives VOSH/International



Attendees voted for their priority actions using keypads and saw the totals on screen instantly.

National Board of Examiners in Optometry, who described the certification process developed by the Advanced Competence in Medical Optometry Examination (ACMO).

Presenting
"Opportunities" was
Leland W. Carr, III, O.D.,
and presenting
"Challenges" was
Christina M. Sorenson,
O.D.

Thanks to a CIBA Vision grant, participants were then able to utilize keypad technology to vote for inclusion of futures related to these issues in the final list of "Preferred Futures" adopted by the Summit.

With some "Special Issues" voted in, the invited groups individually reviewed the final list of 57 "Preferred Futures" to identify futures they can influence, identify futures others can influence, identify opportunities for collaborations, and ultimately select four to six "futures" that could be integrated into each organization's strategic plan.

Each group was also asked to present a timeline for planning to incorporate the goals for the future.

Each organization was asked to send its report to the Optometry 2020 Project Team by Dec. 31 of this year.

The team will plan a final report to the profession by April 1, 2007.

Dr. Alexander said the project team, in turn, "will respectfully ask for annual reports on the progress by each organization over the next three years."

CDC finds poor compliance, solution led to spike in fungal keratitis

Researchers from the Centers for Disease Control and Prevention (CDC) say the cause behind hundreds of cases of serious fungal eye infections was related to a combination of poor contact lens wearer hygiene and compliance and the composition of the ReNu with MoistureLocTM contact lens solution.

Authors of an Aug. 22 report published in the Journal of the American Medical Association acknowledge that the findings establish a clear link between the corneal infection known as Fusarium keratitis and Bausch & Lomb's ReNu with MoistureLocTM solution, which was pulled off the market in May when reports of the infection emerged.

CDC researchers confirmed 164 cases of *Fusarium* keratitis in 33 states and one U.S. territory. According to the report, users of the ReNu with Moisture-LocTM solution were more than 20 times more likely to get the infection than people who did not use that solution.

Because more than 80 percent of all contact lens wearers go to an optometrist for their eye care (according to the Contact Lens Institute), AOA has taken an active role in educating patients and reporting cases to federal health officials. The report's findings support what optometrists from the AOA's Contact Lens and Cornea Section had been telling patients since April: proper contact lens hygiene, compliance and the discontinuation of ReNu with Moisture LocTM will help prevent these types of

serious infections.

"We applaud the FDA and the CDC in their efforts to facilitate a swift, definitive conclusion minimizing further patient risk," said Iack Schaeffer, O.D., chair of the Contact Lens and Cornea Section of the AOA. "One of the most important things we can do now is to remind consumers about the importance of clean and safe contact lens handling. The AOA will continue working with federal health officials, clinical experts and industry to educate the public about safe and effective contact lens wearing, handling practices and products."

Since increased reports of the serious eye fungus among Americans began surfacing, ODs urged contact lens wearers to take proper precautions to prevent the potentially sight-threatening eye infection

In a press statement Aug. 22, Bausch & Lomb made the following statement: "We think the report confirms that Bausch & Lomb took the right action in the interests of consumer health and safety by recalling the MoistureLoc™ product, and that Bausch & Lomb can continue to recommend its ReNu MultiPlus solution with confidence."

"Contact lenses are among the safest forms of vision correction; however, lenses and lens care products are medical devices that are regulated by the FDA," said Dr. Schaeffer. "Patients can and should take an active role in protecting themselves from other forms of eve infections by adhering to care instructions from their optometrists to ensure they are receiving appropriate and up-to-date clinical guidance based on their individual eye health needs."

It is important that contact lens users seek proper medical attention immediately if they notice changes to their eyes or vision.

AOA advice travels far in wake of new TSA rules

Traveling to and from the Optometry 2020
Summit last month was made a bit tricky by the Transportation Security Administration (TSA) whose new limitations on carry-on items included a ban on contact lens solutions and non-prescription eye medications.

Public affairs firm Hill & Knowlton worked with AOA to pass along advice regarding eye medications and TSA regulations.

Approximately 3.5 million people were reached through print and online media, including USA Today, the Washington Post and Wall Street Journal Online.

AOA Clinical Care Group Chair Kerry Beebe, O.D., who was returning from the Summit in Dallas, was featured in a *USA Today* story about the TSA's restrictions.

Dr. Beebe inquired whether or not packaged contact lenses, which contain a small amount of saline solution, would be allowed in carry-on bags.

An official at the Minneapolis-St. Paul airport checkpoint first said they would be allowed, but after checking with a supervisor, was informed that they "absolutely" would not be allowed.

Dr. Beebe was also featured in an online *USA Today* blog.

In that article, Dr.
Beebe noted "that many dry-eye patients consider over-the-counter lubricating solutions essential medicine — but those products, along with contact lens solution, have been confiscated at TSA checkpoints."

The article continued, "To make matters

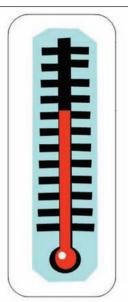
worse, he says, glaucoma patients and those recovering from refractive surgery require frequent treatment with prescription eye drops that can cost \$100 a bottle — and that prescription label is on the box, not the bottle itself. His advice: Bring along the box to the security checkpoint, or have your doctor fax you a prescription linking you with the medicine and carry that with you instead. Travelers who must pack their eye drops or medications in their checked luggage should administer their last dose of drops or medication as close to take-off time as possible, drink plenty of water to increase overall body hydration, avoid caffeine, alcohol and other dehydrating liquids, and avoid positioning the airplane air vent toward the face or eyes."

The Transportation Security Administration continues to clarify the rules concerning carry-on bags. As of press time, liquid prescription medicine with a name that matches the passenger's ticket was allowed, as well as up to 4 oz. of essential non-prescription liquid medications including saline solution and eye care products. For the latest information, visit www.tsa.gov.



Eye on Washington

Medicare to hold Sept. pay for all claims 9 days



AOA-PAC has raised \$959,701 on its way to a goal of \$1.5 million. To support AOA-PAC or become part of AOA's Keyperson network, visit www.aoa.org/x2258.xml, call (703) 739-9200, or e-mail NBrazil@aoa.org.

Executive order aims to reshape health info

President George W. Bush issued a sweeping Aug. 22 executive order "to promote federally led efforts to implement more transparent and high-quality health care. The order requires all federal health programs to: Make health care provider price and quality-of-care data available to enrollees; Establish incentives for health care providers who offer cost-effective care, as well as incentives for plan enrollees who obtain care through those providers.

Look for full coverage in the Sept. 18

AOA News.

brief hold will be placed on Medicare payments for all claims during the last nine days of the 2006 federal fiscal year (Sept. 22 through Sept. 30), according to the U.S. Centers for Medicare and Medicaid Services (CMS).

The payment delays are mandated under section 5203 of the federal Deficit Reduction Act of 2005.

No interest will be accrued and no late penalties will be paid to an entity or individual as the result of this one-time hold on payments, according to CMS.

All claims held during the Sept. 22-30 period will be paid on Oct. 2,

The hold policy only applies to claims subject

to payment. It does not apply to full denials, no-pay claims, and other non-claim payments such as periodic interim payments, home health requests for anticipated payments, and cost report settlements, according to the CMS.

"Please note that payments will not be

staggered and no advance payments will be allowed during this nine-day hold," an agency statement adds.

For additional information, see the Medicare Learning Network Matters article at www.cms.hhs.gov/MLNMattersArticles/down loads/MM5047.pdf.

Medicare postpones debut of claim form

The U.S. Centers for Medicare and Medicaid Services (CMS) has announced Medicare will not begin accepting a new version of the CMS 1500 claim form, as planned, on Oct. 1.

Instead, Medicare will now start accepting the new version of the 1500 form on Jan. 1, 2007, the agency says.

The new version of the claim form, known as the 1500 (08/05), provides spaces for the National Provider Identifier (NPI), the government's new universal identification number for health care providers.

The new 1500 (08/05) will now become required for Medicare paper claim filing on April 2, 2007. From New Year's Day until April 1, Medicare will accept paper claims filed on either the new 1500 (08/05) or the present version of the form (known as the 12/90).

Government officials consider the introduction of the 1500 (08/05) form a key step in the implementation of the NPI identification system.

Mandated under the Health Insurance Portability and Accountability Act (HIPAA), the NPI is intended to provide a universally recognized form of provider identification, replacing the myriad identification numbers now issued by various health plans.

The introduction of the new 1500 form, along with system changes that would have allowed Medicare to accept NPIs as a primary form of provider identification along side "legacy" Medicare provider numbers, is part of a four-stage plan for the introduction of the NPI.

Under that plan, the NPI is to become the only health care provider identification number recognized by Medicare on electronic or paper claims by May 23, 2007.

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FCLCA rewrite backed by 1-800 Contacts advances in Congress

In 2005, after concerns were raised by AOA, Congress rejected a contact lens "channels of distribution" amendment that was authored by 1-800 Contacts' home state U.S. Senator, Robert Bennett (R-UT), and strongly backed by the company.

This year, again with backing from 1-800 Contacts multi-million dollar lobbying machine, Sen. Bennett has introduced a stand-alone bill, S. 2480, aimed at going even further than his amendment by rewriting the Fairness to Contact Lens Consumers Act (FCLCA) and seeking to provide the Internet contact lens sales industry with a new competitive advantage, in spite of a record of serious compliance problems with the prescription verification requirements of the law.

Rep. Lee Terry (R-NE) has introduced an identical bill in the U.S. House of Representatives (H.R. 5762).

In addition, Sen. Bennett has authored a provision based on his bill that has been inserted in the Senate version of the Fiscal 2007 Commerce, Justice, and Science ("CJS") appropriations bill and is now awaiting further consideration.

AOA opposes S. 2480, H.R. 5762 and the 1-800 Contacts-backed CJS provision because they are unnecessary and fail to provide effective prescription verification safeguards for consumers.

Co-sponsors of Sen. Bennett's S. 2480 are Sen. Patrick Leahy (D-VT); Sen. Chuck Schumer (D-NY); and Sen. Richard Burr (R-NC).

The co-sponsor of Rep. Terry's H.R. 5672 is Rep. Ed Towns (D-NY)

Sen. Bennett and Rep. Terry are working to win new support for their bills.

AOA is concerned that, in its meetings on Capitol Hill, 1-800 Contacts has been portraying prescribing decisions of ODs, particularly with regard to limited distribution and private label lenses, as inappropriate and even detrimental to patients.

The AOA has aggressively countered these claims while continuing to spotlight 1-800 Contacts' deficient prescription verification practices, including the use of auto-dialers, the overfilling of prescriptions and the filling of orders without verification.

To fight back against the contact lens sellers' misinformation campaign and help ensure that Congress puts the interests of patients – not the profits of sellers – first, AOA members must take action now.

"Please immediately

get in touch with your senators and congressman to educate him/her about the dangers your patients face from prescription verification abuses by contact lens sellers and to urge that S. 2480, H.R. 5762 and the 1-800 Contacts-backed CJS provision are either amended with input from AOA or, once again, rejected by Congress," said Michele Haranin, AOA Federal Relations Committee chair

"Remember, in opposing S. 2480, H.R. 5672 and the 1-800 Contacts-backed CJS provision, please let your senator/ congressman know," Dr. Haranin said.

Last October, the U.S. Federal Trade Commission (FTC) issued a formal warning to 1-800 Contacts, Inc., that cited a "substantial number of complaints" arising from the company's contact lens prescription verification practices. The FTC detailed a series of penalties the company may face and specifically urged 1-800 Contacts' management "to review the [Contact Lens] Rule and revise its practices as necessary to ensure that they comply with its requirements."

In November 2005, in an attempt to respond to the FTC warning, an official of 1-800 Contacts asserted that a competing online contact lens seller was engaged in "a pattern and practice... inconsistent with the prescription verification requirements of the FCLCA and... practices that misled consumers."

With even the online contact lens sales industry itself pointing to misleading practices and violations of federal law that place consumers at risk, it is time for the Senate Commerce Committee and House Commerce Committee to make it a priority to safeguard eye health," according to Dr. Haranin.

The AOA continues to receive complaints from optometrists across the country about harmful and disruptive prescription verification practices employed by

AOA continues to spotlight
1-800 Contacts' deficient
prescription verification practices,
including the use of auto-dialers,
the overfilling of prescriptions
and the filling of orders
without verification.

the online contact lens sales industry.

Hundreds of complaints have already been forwarded to the FTC and congressional offices.

The AOA's leadership and Washington Office staff met with FTC officials June 2, to urge strong follow-up enforcement targeted at unscrupulous Internet contact lens sellers and an end to the "passive verification loophole" that places patients at risk.

Vision, from page 3

been an easy job.

And lastly, I want to thank all the members of the Ophthalmic Council for their financial support and participation, without which these summits could not have occurred.

Look for the project team's report in the

coming months with specific actions planned from all the participating groups.

For the rest of us, building the future begins today.

C2Cm

'New Leadership in Advocacy' meeting set for October

The AOA Advocacy Groups announce the "New Leadership in Advocacy" Workshop to be held Oct. 5-8, at the Chicago Westin Airport Hotel. The purpose of this workshop is to develop new advocacy leaders – both on the state and federal levels. AOA is encouraging each affiliated association to send one or two younger members identified as possible new advocacy leaders of the future; along with the current legislative chair and/or executive director to act as a mentor/resource. For more information, contact Noel Brazil (NBrazil@AOA.org) or Sherry Cooper (SLCooper@AOA.org).

Opportunities open for ODs in aiding law enforcement

The field of security needs optometrists interested in using their own eyes and earning their Certified Medical Investigator (CMI) designations.

Several optometrists will be presenting courses at the American Board for Certification in Homeland Security (ABCHS) national conference in Orlando, FL, Sept. 19-21.

Max Venard, O.D., will present "Advances in Optical Biometrics in



Dr. Venard

Security: Iris and Retinal Scanning Identity Verification."

Dr. Venard is a certified medical investigator and founder of Eyeverify, a company

The travel and banking industries, as well as border crossing identification verification ports, are also very important areas for eye security specialists,

The travel and banking industries, as well as border crossing identification verification ports, are also very important areas for eye security specialists, said Dr. Venard.

specializing in optical biometrics and access security.

"The CHILD Project is a very large interest of mine at this time," said Dr. Venard. "It involves child iris code banking for identification purposes in missing and found children cases and coordinates with the county sheriff offices, about 1,200 in 40 states."

said Dr. Venard.

At the conference, E. Robert Bertolli, O.D., and D. Robert Pannone, O.D., will present "WMDs, Drugs, Vision Science, and the Traffic Stop," which will deal with ocular signs of drugs and chemical and biological weapons.

Dr. Bertolli is the director of the Forensic Optometry Division of the American College of Forensic Examiners Institute (ACFEI), and he stresses the need for optometrists on public health emergency response teams.

"In the event of a man-made or natural disaster, we'd need them in place to distribute pharmaceuticals," said Dr. Bertolli. "We're short 1,500 volunteers in Connecticut, and I believe I'm the only OD who has volunteered."

Optometrists are needed in all areas of law enforcement and homeland security, including roadside findings of drug and chemical weapons exposure.

Knowledge of horizontal gaze nystagmus and other standardized field sobriety tests can

also help law enforcement, Dr. Bertolli said.

Interested doctors may even consider training in the civilian police academy.

Dr. Bertolli suggests ODs "get involved locally, show their interest, and show they have the knowledge."

"I would like to see more ODs get involved with homeland security," Dr. Bertolli said. "We should take the time to give back to the community. These are important areas."

Dr. Venard said that while he and Dr. Bertolli have different primary interests within forensics, they share a common goal.

"That is to be available and make optome-



Dr. Bertolli

try another layer of expertise in the new world of homeland security," he said.

Dr. Venard also warned that pursuing his interest has lead to some ribbing from his family, friends and patients for being a "private eye eye doctor" and an "armed optometrist."

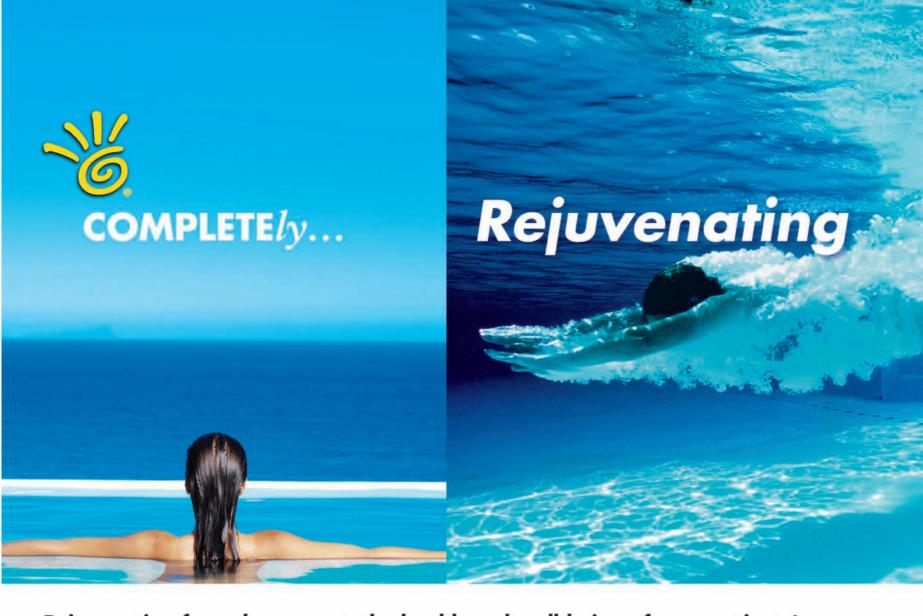
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REJUVENATE with Tear-like

1. Grus FH, Kramann C, Bozkurt N, et al. Effects of multipurpose contact lens solutions on the protein composition of the tear film. *Cont Lens Anterior Eye.* 2005;28:103-112.

REJUVENATION

Extreme Makeover: Home Edition calls on OD to help design home for family with iris disease

Extreme Makeover:
Home Edition, the
popular ABC reality TV show, has gone to
another extreme, providing eye care to a
family with the hereditary disease aniridia.

New Jersey optometrist Ron Siwoff, O.D., was asked by the show to volunteer as an eye consultant for the family members, born without irises.

Doctors' services are typically provided behind-the-scenes, but Dr. Siwoff recognized the difficulties of designing a home that would meet the Llanes family's unique needs and offered to help the design team.

Dr. Siwoff noted that the house had too many lights for a family that was sensitive to



The crew discusses the project with Dr. Siwoff.

Cataract and glaucoma are associated with aniridia, and Dr. Siwoff suspects the grandmother and father actually went blind from glaucoma.

Dr. Siwoff used

CIBA Vision also donated artificial contact lenses with irises to the family.

"The show really gives them hope," said Dr. Siwoff. "If you have an eye problem, there is something that can be done, and it's called low vision rehabilitation."

"Low vision should be thought of as the most challenging specialty of optometry, requiring the brightest and most creative minds. We should not be thought of as simply dispensers of magnifiers and CCTVs. We should be the last refuge of referring retinal and corneal specialists, general practice optometrists, and ophthalmologists," said Dr. Siwoff, whose patients come to him from as far away as Greece, Italy, Ireland and Israel.

The Extreme
Makeover: Home Edition
featuring Dr. Siwoff and
the Llanes family is
scheduled to air Sunday,
Sept. 17. Check television listings for times in
local areas.

For more, visit www.abc.go.com/prime-time/xtremehome.

Dr. Siwoff suggested simulating the family's vision for the design team so that they could better understand what everyday life was like.

glare. The flooring and countertops needed to be changed from highglare to dull surfaces.

He also suggested textural changes in the flooring to denote different areas as a way of helping the two blind family members move around the home. Blind people can feel the floor surface change to warn them that they are standing in front of a flight of steps.

Dr. Siwoff suggested simulating the family's vision for the design team so that they could better understand what everyday life was like.

spectacles and dilated team members' eyes to allow them to vicariously experience the family's vision.

"It totally changed the way they looked at the house," Dr. Siwoff said. "Off-camera, they really were not acting. They couldn't see. The glare from a white tent hurt their eyes. They realized that controlling the glare was crucial."

Within one week, the contractor, Brian Stolar of the Pinnacle Group, had helped transform the house from an obstacle to an aid.



Ronald Siwoff, O.D., is shown with Michael Moloney, of *Extreme Makeover: Home Edition*, and actress Marlee Matlin, who also helped with the show.

'Stereo Sue' heightens interest in vision therapy

The College of Optometrists in Vision Development (COVD) announced a significant increase in inquiries from the public regarding vision therapy as a result of the article in the New Yorker by renowned neurologist Oliver Sacks, M.D., as well as a follow-up interview with Dr. Sacks and neurobiologist David Hubel, M.D., on National Public Radio.

The article and interview focused on how vision therapy helped restore binocularity to Sue Barry, a professor of neuroscience at Mount Holyoke College, who had been told nothing could be done.

These two national media exposures have resulted in increased awareness and interest in vision therapy services provided by optometrists, said Drusilla H. Grant, O.D., president of COVD.

"Patients have been calling and e-mailing optometric offices around the country to relate how they have a similar vision problem to Dr. Barry and asking whether vision therapy can help," said Dr. Grant.

"The fact that two well-respected neuroscientists now believe that binocularity can be achieved in patients where it was previously thought impossible opens up new opportunities for optometrists to educate other professionals and the public about the effectiveness of vision therapy even for adults," she said.

Dr. Barry will be presenting "Vision and Revision: The Role of Neuroplasticity in Vision Therapy" at the COVD annual meeting on Oct. 26 in Phoenix, AZ.

In addition to shar-

ing her own experiences in gaining binocular vision and stereopsis at age 48, Dr. Barry will discuss the science behind the treatment of amblyopia and strabismus with vision therapy.

Optometrists who do not provide vision therapy services can assist their patients inquiring about vision therapy by referring them to colleagues.

"Comanaging a patient in need of vision therapy is no different than comanaging the care of a cataract or LASIK patient," said Dr. Grant. "Patients deserve access to the full range of optometric services. Now that Dr. Sacks has focused attention on these services optometrists need to be prepared to respond to the public's desire to learn more about vision therapy and to have their binocular vision problems treated. Discussing vision therapy as a treatment option is just as important as educating patients about contact lens or refractive surgery options."

Dr. Sacks has also added a link on his Web

site, www.oliversacks.com, to COVD's Web site, www.covd.org.

"Since everyone's vision is different, you should have your vision checked by an optometrist who provides optometric vision therapy," writes Dr. Sacks on the site. "You can find such a doctor by checking the College of Optometrists in Vision Development Web site and clicking on the 'Find a Doctor' box. In particular, look for an optometrist who is a Fellow of COVD that has FCOVD after his/her name."

Optometric researchers take crash course in developing, managing studies

Optometric researchers recently met for a four-day intensive Summer Research Institute to explore potential new areas of clinical research. The Institute was co-sponsored by the AOA's Council on Research and the American Academy of Optometry's Research Committee. Optometrists came from eight schools and colleges of optometry and the Veterans Administration. The meeting was held on the campus of The Ohio State University.

The goal of the Research Institute was to produce collaborative clinical research project proposals, which will be submitted for future funding. Attendees met in the mornings for lectures from faculty with expertise in epidemiology and research methodology. In the afternoons, attendees broke out into small work groups to focus on specific research questions. Facilitators, who had a proven track record in research design and funding, were assigned to the work groups.

The faculty for the Institute included: Susan A. Cotter, O.D., MPH; John G. Flanagan, MCOptom, Ph.D.; Merton C. Flom, O.D., Ph.D.; Marta Marsh Gilson, Ph.D.; Israel A. Goldberg, PhD; Mae E. Gordon, Ph.D.; Chris A. Johnson, Ph.D.; Douglas A. Kniss, Ph.D., Steven M. Kymes, Ph.D.; G. Lynn Mitchell, MAS; Melvin Moeschberger, Ph.D.; Donald O. Mutti, O.D., Ph.D.; Tim McMahon, O.D.; Loraine T. Sinnott, Ph.D.; P. Sarita Soni, O.D., MS; Joan A. Stelmack, O.D., MPH; and Karla Zadnik, O.D., Ph.D.

Maryann Redford, D.D.S., MPH, from the National Eye Institute's Clinical Trials Branch and Anne E. Schaffner, Ph.D., Scientific Review Administrator for the Division of Extramural Research of the NEI participated as faculty for the Institute.

"In addition to the other faculty and NEI contributors, it was quite an honor to have the eminent Dr.

Mert Flom orient us to the importance of adequately 'framing the research question.' Dr. Flom, in high form and customary intellectual depth and insight, highlighted the importance of articulating an 'anticipative idea' and demonstrated the practice of 'question building' and equipoise in the development of a relevant and highly focused research hypothesis. We could not have asked for a better orientation to the anatomy of a research question on that first morning!" said Renee Mika, O.D., of the Michigan College of Optometry.

Researchers began proposals in their work groups that will address clinical issues in glaucoma, wavefront aberrations and myopia, neuro optometry and the prevalence of refractive error in underserved populations. The workgroups set timelines for developing their proposals.

"Previous Summer Research Institutes have resulted directly or indirectly in clinical research study proposals totaling over \$52 million from the National Eye Institute, Veterans Administration, and industry. Those studies included work in myopia, keratoconus, convergence insufficiency and vision training, low vision, and children's vision screening, to name a few," said Dr. Zadnik, chair of the Council on Research.

"I want to thank all the very talented faculty who helped make this one of the most successful research workshops in our 20-year history. Members of the workgroups formed excellent research questions with the participants making plans for follow-up conference calls and meetings to continue work on their research proposals," said AOA Associate Director of Public Health John Whitener, O.D., MPH, a member of the Academy of Optometry's Research Committee and staff to AOA's Council on Research.



Gracie Zellers before her retinal blastoma was detected.



Gracie as her opacified retina became visible.

Life, from page 1

entirely normal in terms of visual activities and appearance and never had any unusual red reflexes in photographs.

When Gracie was 7 months old, Stacey began her summer break from school and decided it was time to schedule an InfantSEETM assessment.

"As this was my first baby, I was reading all the books and talking to my friends about everything, and it was almost like, why haven't I heard about this?" Stacey said about the program. "A large part of it, I have to admit, is that it's free. So I thought, 'what do I have to lose?"

Stacey used the AOA Dr. Locator feature on the InfantSEE™ Web site and entered her ZIP code in Chandler, AZ, to find Paul Wagner, O.D., a nearby InfantSEE™ provider.

"When I put in my ZIP code, I was amazed at how many doctors were doing this nearby for free," Stacey said. And after reading about the assessments on the Web site, Stacey felt she was prepared for the visit.

"I wanted, and expected, someone to evaluate the health of her eyes," said Stacey. "I wanted to know what her vision looked like at this point. My husband has poor eyesight, and I wondered if it was hereditary. I thought there would be no problem, really. Her tracking was normal. I expected someone comfortable with an infant, and I thought it would be almost entertaining for

Stacey took Gracie to Dr. Wagner for the appointment in June 2006, nearly a year after seeing President Carter on the *Today* show, and everything looked perfect right up until the eye health evaluation.

"With the dilation, some parents are wary, but it was no problem," said Stacey. "She didn't love the drops, but it was over so fast."

Unfortunately, Dr. Wagner noticed something inside Gracie's left eye. At that time, he did not provide a definitive diagnosis. He said it could be a coloboma or cancer and referred her to a specialist for further evaluation.

"At that point, I was not too concerned because the pediatrician hadn't seen anything at her six-month appointment," said Stacey.

However, Gracie was soon diagnosed with retinoblastoma, a rare tumor in the eye.

The doctors determined that the cancer was localized in the left eye, which was then enucleated in mid-July 2006.

"When I say that InfantSEE™ saved her life, it really did," said Stacey. "I don't know

InfantSEE™ assessments follow AOA Clinical Practice Guidelines

Although called assessments, InfantSEE™ visits have been crafted to follow the AOA Clinical Practice Guidelines (CPG) for Pediatric Eye and Vision Examinations. The CPG recommends assessment of the perinatal history, visual acuity, refractive status, alignment/binocularity, ocular motility, and ocular health.

Through a series of continuing education courses sponsored by AOA, doctors nationwide learned that the InfantSEETM protocol recommends that doctors take responsibility for the future wellness of the infant by providing testing within each of these clinical care areas.

The InfantSEETM Committee recommends that doctors utilize as many techniques and tools as necessary to ensure the wellness of the infant's future vision and eye health.

Specific to the ocular health assessment, doctors are encouraged to pattern their care in accordance with the CPG, which says that an evaluation "generally requires pupillary dilation."

AOA crafted an Infant History Form and Infant Assessment Form that participating doctors can use during their care of infants, and the forms are available from AOA at no cost by e-mailing orders@aoa.org. If any InfantSEETM participating doctors have questions about these guidelines or their participation status, email the InfantSEETM Committee at infantsee@aoa.org.

when we would have caught it otherwise. I'm sure we would have, but it could have metastasized by then."

Gracie is recovering and adjusting well, though she is clingy and now shows a fear of doctors.

"She is very resilient and strong," said Stacey. "Unlike others (who have had retinoblastoma), she had good vision in that eye. So she is now adjusting to some vision being blocked."

"If I hadn't seen the Today show, I don't want to think about how much different it would be for us," said Stacey. "Gracie is a rare case, but it saved her life. If caught early on—amblyopia, nearsightedness, farsightedness, whatever—it's so much better. Why not do it for the health of the child?"

Stacey also emphasized the importance of dilation during the assessment.

"I can't imagine going and not having

that piece done," said Stacey. "I know there are things they can't see without it. It's just a couple extra minutes, but it's so important."

Stacey, along with her mother, is now a strong advocate of the InfantSEETM program, speaking to mothers' groups, friends, and anyone who will listen.

"I tell everyone, 'Do this for Gracie. Make your appointment.'"

Although retinoblastoma occurs in only one in 20,000 of the millions of babies born in the U.S. each year, every InfantSEETM provider can help reduce the risk of vision loss and facilitate normal visual development

"While retinoblastoma is a rare diagnosis, this case validates the importance and need for InfantSEETM assessments," said C. Thomas Crooks, O.D., AOA president. "This program has the potential

see Life, next page

Legal aspects of InfantSEE™

The InfantSEETM program requires participating doctors to waive ALL professional fees for the one-time wellness assessment in the patient's first year of life. No billing to insurance or governmental aid programs is allowed. Appointments for follow-up care are chargeable, however, families must be given an option for further care at the location of their choice.

Q: Must I donate my services if the infant has insurance?

A: YES, for the initial InfantSEE™ assessment.

Q: Must I donate my services if the infant is a Medicaid patient?

A: YES, for the initial InfantSEE™ assessment.

Statement from AOA Legal Department regarding liability aspect of participating in InfantSEE™:

There is absolutely no difference in malpractice liability whether the patient pays for the assessment or not. It is exactly the same in either case. The only issue would be if a doctor felt incompetent to perform the assessment, then there would be an increased risk of liability. But that is true for any diagnostic or treatment procedure - a doctor should only perform those procedures that he or she feels competent to perform. This is the same principle that keeps psychiatrists from doing open heart surgery.

New in Practice—Panel of Experts Series helps ODs keep careers on track

ew practitioners heard from a wide range of experts on popular practice management topics of special interest to young ODs at Optometry's MeetingTM in Las Vegas.

The New in Practice—Panel of Experts Series at Optometry's Meeting™ featured four sessions on billing and coding, staff management, financial management, and contracts and leases.

The courses were designed to provide real-world information and ideas for those just beginning their careers or changing practice settings.

"This is stuff you need to know on a daily basis, but didn't learn in optometry school," said Scott Sedlacek, O.D., chair of the 2006 Optometry's MeetingTM New Practitioner Sub-Committee that developed the program. "It's designed by optometrists for optometrists, and the speakers are optometrists with expertise in a particular

Life, from page 12

to improve the quality of life for many young children through early detection of vision problems—some of which may be sight- or lifethreatening. I encourage AOA members who have not yet enrolled as InfantSEETM providers to join the more than 7,300 who currently provide this important public health service."

For information about the InfantSEETM program, or to sign up as an InfantSEETM provider, e-mail *infantsee@aoa.org*, call (800) 365-2219, ext. 4286, or visit *www.aoa.org*.

area.

Keith Davis, O.D., chair of the New Practitioner Optometry's MeetingTM 2005 Project Team, has been a speaker for the program all three years of its existence.

"Most young practitioners don't get expo-

sure to the coding and billing aspect, but as more and more get into the field of medical care, they need to use it," said Dr. Davis. "I know several colleges of optometry are starting to teach coding and billing, and that's very important when it comes to maximizing reimbursement."

One attendee who evaluated the courses said they offered "nitty gritty information on running a practice."

The courses were free to attendees thanks to a grant from CIBA Vision.

Six milligrams per day

and other useful information about

purified FloraGLO Lutein,

nature's nutrient for healthy eyes.

More than 100 studies indicate that lutein may reduce the risk of developing age-related macular degeneration. It may also play a role in reducing the risk of cataracts.

If your patients are asking about lutein, this easy-to-read

consumer information pamphlet can help you provide answers. To view the pamphlet and to order FREE copies for your office, visit www.LuteinEd.org/AOA

View this educational pamphlet online at www.LuteinEd.org/AOA







Gain, from page 1

benefits.

The survey found that more than three-quarters (76.5 percent) of the patients visiting an optometric practice during 2005 were covered by public or private insurance plans with nearly half (45.6 percent) covered by public or private managed care plans.

Those insurance plans accounted for two-thirds (66.3 percent) of total revenue in the typical optometric practice. Out-of-pocket payments from patients (including cost-sharing amounts from insured patients) represented the rest.

More than two third of optometrists (67.3 percent) said their increased participation in managed care has yielded higher patient volumes with more than half (51.2 percent) saying it has enhanced gross income. Nearly two of five optometrists (38 percent) said it has increased net income.

Optometrists are now providing an extensive list of services under managed care plans with more than three-quarters (in states with appropriate scope of practice) treating glaucoma and around two-thirds comanaging cataract or refractive surgery patients in some fashion. One in five now even furnish vision therapy under managed care plans.

Moreover,

Optometrists are now providing an extensive list of services under managed care plans with more than three-quarters (in states with appropriate scope of practice) treating glaucoma and around two-thirds comanaging cataract or refractive surgery patients in some fashion.

One in five now even furnish vision therapy under managed care plans.

optometrists are reporting greater authority under managed care plans, with 84.2 percent now able to directly refer patients with systemic conditions to specialists and nearly half serving as gatekeepers for all eye care.

In addition to providing vision care under more than 20 plans, the typical optometric practice now provides eye care under more medical or health plans than ever before, the survey notes.

The survey finds around half of all patients now receive discounts, ranging up to around 25 percent, on examinations and eyeglasses. A little less than a third of contact lens patients get a discount.

While the survey suggests optometrists have found growing

acceptance as providers of a wide range of eye and vision care service for third-party plans, it also finds one in three optometrists (32.6 percent) were denied panel status access to patients under a medical/health or vision/optical plan during the year. In addition, 3.2 percent reported that they were involuntarily dropped by a plan last year.

For a more information, see "The 2006 AOA Third-Party/ Managed Care Survey" in the Practice Strategies section of the upcoming November issue of Optometry: Journal of the American Optometric Association. AOA members can download a summary document, "National Highlights: The 2006 AOA Third-Party/ Managed Care Survey," on the Information and Data page of the AOA Web site (www.aoa.org/ x2521.xml)

Ideas offered for Paraoptometric Recognition Week

The AOA Paraoptometric Section, with the support of the AOA, has designated Sept. 18-22, 2006, as Paraoptometric Recognition Week.

Now in its fourth year, the recognition week is designed to honor paraoptometrics for their dedication to the patients they serve, and to the profession of optometry.

"On a daily basis, paraoptometrics provide extensive patient care, as well as office organization, allowing the optometrists to concentrate their efforts on the care of each patient," said C. Thomas Crooks, O.D., AOA president, in support of Paraoptometric Recognition Week.

Barbara Wohlk, CPOT, chair of the AOA Paraoptometric Section, emphasizes that the success of the Paraoptometric Recognition Week depends on doctor participation. This recognition is another opportunity to build on the great team relationship between optometrists and paraoptometrics.

The AOA Paraoptometric Section suggests a variety of ways to celebrate the week. Doctors are encouraged to be creative in planning their festivities.

Suggestions include: paying for travel and registration fees to a local or state continuing education meeting; paying the annual dues fee to become a member of the AOA Paraoptometric Section; purchasing the study materials for certification testing; treating staff to lunch or dinner; outfitting staff with AOA apparel; and gift items or gift certificates.

The activity or gesture may be big or may be quietly expressed; either way, doctors are urged to participate in this opportunity to extend appreciation to paraoptometrics.

Call for Abstracts for CDC Diabetes Conference

The Centers for Disease Control and Prevention's Division of Diabetes Translation will convene its annual diabetes conference April 30-May 3, 2007, at the Atlanta Hilton, 255 Courtland Street, Atlanta, Georgia. This conference will discuss issues concerning diabetes. The conference will bring together approximately 600 participants from a wide range of local, state, federal, and territorial governmental agencies and private-sector diabetes partners. Go to the web at www.cdc.gov/diabetes/conferences/index.htm. The deadline for submission is Sept. 22, 2006.

Galina Grant goes to IU student

The AOA Endowment Fund Advisory Committee announced Jennifer Weier as the Dr. Seymour Galina Grant recipient for 2006.

The \$2,500 grant is awarded annually to an

became effective in 2001

ACOE seeks input

on residency standards

The Accreditation Council on Optometric

icality and clarity of the standards used to accredit

least every five years, and the current standards

Education (ACOE) requests AOA members and other

interested parties to complete a survey to assess the crit-

optometric residency programs. The Council conducts a

comprehensive review of the accreditation standards at

"Setting the standards for the profession's educa-

tional programs is one of the ACOE's major responsi-

bilities. We ask all interested parties to provide their

feedback and perspective to assist the Council in set-

ting the most clear and relevant standards possible. If

you are enrolled in a residency, have completed a resi-

dency, or interested or involved in residency education,

we especially want to hear from you," said Larry D.

Stoppel, O.D., chair of the ACOE.

incoming fourth-year optometry student.

Applicants were required to submit an essay to their respective schools, who were then allowed to select one student for consideration by the committee.

Weier was chosen from a group of nine eligible finalists.

Weier is from Platteville, WI, and is a student at the Indiana University School of Optometry.

During high school, Weier studied in Gisborne, New Zealand, for six months through the American Field Study program. She attended Luther College in Decorah, IA, from 2000-2003.

After graduation from optometry school, Weier plans to practice primary care optometry with an emphasis in contact lenses in the Midwest.

The other finalists for the grant were:

- Richard Baird, Pacific University
 College of Optometry
- Mona Fahmy, Illinois College of Optometry
- Tiffany Hsueh, University of California at Berkeley School of Optometry
- Nicole M. Irick,

Southern College of Optometry

- Rachel Merriman, University of Missouri—St. Louis College of Optometry
- Jennifer Moncada,
 New England College of
 Optometry
- Srihari Narayanan, University of Houston College of Optometry
- Patrick Brian Pyron, University of Alabama at Birmingham School of Optometry

All grant applicants were asked to submit a paper on the following topic: "Qualities I have developed through my financial planning/ work experience during and/or before optometry school, that I believe will be most useful to me in a professional optometric practice."

The grant was established through a bequest from the late Seymour Galina, O.D., a long-time AOA member.

For more information, e-mail Linda
Boyland at
LABoyland@aoa.org.



Jennifer Weier

This assessment is being conducted through a Web-based survey available online through Sept. 19, 2006. Optometrists and interested members of the community are asked to indicate the degree to which they agree with the criticality and clarity of each of the current standards. "Criticality" indicates compliance with this standard is critical to assure the continued quality of an optometric residency program. "Clarity" indicates the meaning of the standard is clear.

The survey includes an opportunity for respondents to rate each of the standards, which are organized in six major areas pertinent to residency education, and to provide comments on standards and the ACOE definition of an optometric residency. The standards are organized around the following areas:

- 1. Mission, goals, objectives, outcomes and program improvement
- Curriculum
- 3. Administration
- 4. Faculty
- 5. Residents
- 6. Resources and Facilities.

The ACOE defines an optometric residency as a post-doctoral education program centered on clinical training that results in the resident's attainment of advanced competencies in eye, vision and health care.

The ACOE welcomes comments on all aspects of the current standards. Prior to beginning the survey, respondents may wish to view the entire text of the optometric residency standards, on the ACOE Web site at www.theacoe.org.

To access the survey, visit http://www.zoomerang.com/survey.zgi?p=WEB225K QRZ6JWL. Those who prefer to complete the survey on paper can request a copy by e-mailing acoe@aoa.org.



American Optometric Association's **Aviation Vision Course**(6 Hours COPE)

Friday, October 13, 2006 8 AM – Noon and 2 PM – 4 PM EastWest Eye Conference Cleveland, OH

Nothing may be more important to pilots than their vision. This 6-hour course is designed to prepare optometrists to meet the basic needs of their pilot patients, whether they are involved in general, commercial, or military aviation. Specific issues to be covered include:

- FAA Aviation Medical Examination and Certification Process and Vision Standards
 - Prescription Options for Aviation
 - Color Vision in Aviation
 - Night Vision in AviationSpatial Disorientation
 - Refractive Surgery in Aviation

For more information, contact: Jeffrey L. Weaver, OD (800) 365-2219 Ext.4244 JLWeaver@AOA.org

The AOA's Aviation Vision Program is sponsored through a generous grant from Essilor of America.





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Signet Armorlite

TLC Vision Corporation

Transitions Optical

Vision Service Plan

VisionWeb

Vistakon, division of Johnson & Johnson Vision Care

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of AOA.

Industry Profile: Signet Armorlite

By Edward P. DeRosa, SA Vice President

At Signet Armorlite, we're unwavering in our support of private practice optometry.

We made a commitment several years ago, and we're sticking with it. We decided to focus our resources on the needs of the optometric community. It's a strategy that has been good for us, fueling a period of unprecedented growth for our company.

We think it's also been good for you. The challenges to optometry have never been greater, and we believe our support of state and national optometry has helped a great deal. The whole optical industry needs strong, independent optometry. We're doing what we can to keep you strong.

Strong product development, too.

Our other strong focus is on R&D. Signet Armorlite's back surface designed Kodak Unique Progressive is our newest innovation. It's the first progressive customized to fit the patient's frame selection.

Vision First Design™ combined with Digital Resolution Technology™ ensures smooth gradation of power, excellent binocular balance and guaranteed near vision performance.

Kodak Unique patients find that adaptation is immediate. Wearers even compare the visual quality to a single vision lens.

Kodak Lenses are a good fit with private practice optometry.

Our product innovation is driven largely by our Optometry Advisory Board.

One such innovation is the Kodak InstaShades® Lens that changes from dark to clear very fast. InstaShades' durability and rapid change is now available in polycarbonate.

Our R&D plans include further expansion of the Kodak Lens line. We continue to research new lens designs, materials and coatings to meet the demands of the optical industry.

We're still the #1 contributor to optometry.

We remain the single largest contributor, on a percentage basis, to optometry.

Unlike some companies, which concentrate their resources on consumer advertising, SA devotes energy and funding where they do the most good—in doctors' offices.

We're platinum level AOA sponsors. We've sponsored the 2003, 2004, 2005 and 2006 Presidential Celebrations at the annual Optometry's Meeting™. We're a participant in the AOA Ophthalmic Council. We sponsored the Healthy Eyes Healthy People™ program and the AOA video "What's In It For Me."

PracticePlus Financial Support.

Since 1998, SA has provided more than \$20 million to over 4,000 member practices through PracticePlus. Members can utilize those funds any way they wish to promote a stronger practice.

There's another reason to participate in PracticePlus. We've developed a non-dues funding program that allows state optometric associations to receive substantial financial support when member offices dispense Kodak Progressives.

We're grateful for our enduring relationships within the optometric community. We remain, now and in years ahead, steadfast in our support of optometry.



Kemin Health provided an education grant for the Low Vision University™. From left, Mark Wilkinson, O.D., LVRS secretary; Craig Maltby, Kemin Health product manager; Tracy Williams, O.D., LVRS chair; Susan Gormezano, O.D., LVRS immediate past chair; and Dennis Siemsen, O.D, LVRS member.

Low Vision University[™] receives funding

The AOA Low Vision Rehabilitation Section (LVRS) announced an unrestricted educational grant from Kemin Health for its Low Vision UniversityTM educational program.

The grant will fully fund the program for 18 months, making it free to state associations.

Kemin Health manufactures FloraGLO Lutein, which is used in many supplement brands.

Studies have linked lutein with reduced risk of age-related macular degeneration and cataract extraction.

"We are very excited to be working with Kemin Health to provide educational programs to optometrists throughout the country," said R. Tracy Williams, O.D., LVRS chair.

"These educational programs will provide optometric practitioners with the latest information concerning the two most beneficial, nonsurgical treatment options currently available for age-related vision loss—nutritional supplements and low vision rehabilitation."

The Low Vision UniversityTM instructs doctors on the latest research and low vision rehabilitative practice methods involved in the care of visually impaired patients.

Low vision rehabilitation is a prescriptive treatment modality intended to maximize the use of residual vision and is the only treatment currently available for the majority of people with agerelated vision loss.

The Low Vision UniversityTM continuing education courses are available as three or four-hour educational programs, and a one-hour hands-on workshop can also be incorporated.

The Low Vision UniversityTM educational objectives regarding the care process and practice management are integrated into the courses.

For more information, contact Stephanie Brown at (800) 365-2219, ext. 4225 or sdbrown@aoa.org.

Industry News

Essilor donates eyeglasses to Illinois Eye Institute

The Illinois College of Optometry (ICO) announced an in-kind donation from Essilor of America in support of the Illinois Eye Institute.

Beginning this summer, Essilor will donate 9,000 customized spectacles, including frames and lab work, over the next three years.

"We are thrilled to provide this gift to the Illinois College of Optometry in support of the Illinois Eye Institute," said Mike Daley, president of Essilor Lenses. "Everyone deserves quality vision correction, and this donation will help provide proper eye care to deserving Chicago-area residents in need. We hope that



An Illinois College of Optometry student examines a child in the ICO pediatric outreach program. An Essilor in-kind-gift of fully fabricated material, valued over \$315,000, will allow the spectacle orders to be available in approximately one week.

supplying these eyeglasses will help to improve both the patients' vision and their quality of life."

ICO faculty will prescribe the donated spectacles to adults and children served through its charitable programs in the Chicago area.

Patients will be able to choose from a selection of frames, and Essilor will create lenses, including bifocal and polycarbonate lenses when appropriate. The patient reception area at the Illinois Eye Institute will be named in Essilor's honor in appreciation of the donation.

"We are so grateful to Essilor of America for their generous gift of 9,000 pairs of eyeglasses over the next three years," said Arol Augsburger, O.D., ICO president. "Essilor has been a tremendous partner in our efforts to offer the highest quality of services to our patients. These lenses will make a meaningful difference in helping patients in need to see so they can perform essential functions for daily living."

Transitions focuses on healthy sight for children

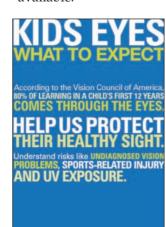
ransitions Optical has launched new tools for eye care professionals to use to discuss healthy sight and premium lens options with parents and children as they head back to school.

Transitions expanded its "Skills Workshops for Real Life" series to include a course titled "Making Kids Count in Your Practice" and is offering a new brochure as a public education

Transitions developed a "Making Kids Count in Your Practice" workshop in conjunction with the release of a new brochure, shown here. The brochure features information and statistics about the importance of regular eye exams for children.

tool.

"Most parents want their kids to have the best protection available, but are unaware of the benefits of premium lens options for children," said Carole Bratteig, Transitions manager of training and education. "The kids workshop and brochure are additional tools to help raise awareness about the need for protection and the solutions available."



The children's workshop provides industry statistics and guidelines on children's eye care, tips on dispensing to children, and suggestions for presenting Transitions® Lenses to children and parents.

The workshop also shows practical examples of tools eye care professionals can use to help talk to patients.

The children's brochure features information and statistics demonstrating why it's important to begin regular eye exams at an early age and can aid doctors in explaining the importance of protecting young eyes.

The brochure includes a checklist on how to preserve a child's healthy eyesight through proper eyewear.

The three most criti-

cal aspects that should be considered in children's eyewear are trauma protection, UV protection, and glare protection, Bratteig said.

Children receive three times more sun exposure than adults, are more vulnerable to UV damage, and are at higher risk for eye injury from physical activity, according to Transitions.

The workshop can be delivered in-office in 15-20 minutes and is designed to be flexible enough for one individual or an entire practice to participate.

To register for the workshop or to order the brochure, contact the Transitions Solutions Team, STAR lab or manufacturer representative, or Transitions Optical Customer Service at (800) 848-1506.



Meetings

September

MAINE OPTOMETRIC
ASSOCIATION
MOA "FALL" CONFERENCE
Sept. 15-17, 2006
The Balsams Hotel, Dixville
Notch, New Hampshire
207/626-9920, moa.office@
maineeyedoctors.com
www.maineeyedoctors.com

OPTOMETRIC EXTENSION
PROGRAM FOUNDATION
37TH ANNUAL COLORADO
VISION TRAINING
CONFERENCE
Sept. 15-17, 2006
Estes Park, CO
George W. Hertneky, O.D.
970-842-5166
hertnekya@aol.com

OPTOMETRIC EXTENSION PROGRAM FOUNDATION MIDDLE ATLANTIC OPTOMETRIC CONGRESS Sept. 16-17, Radisson Hotel, Monroeville, PA 513/661-8877 weathersr@cs.com

ARMED FORCES INSTITUTE
OF PATHOLOGY/AMERICAN
REGISTRY OF PATHOLOGY
OPHTHALMIC PATHOLOGY
Sept. 18-22, 2006
Doubletree Hotel, Rockville, MD
Mark Hovland
800/577-3749
came@afip.osd.mil
www.afip.org/departments/
edu/upcoming.htm

WISCONSIN OPTOMETRIC ASSOCIATION, INC. Sept. 21-25, 2006 Madison, WI 608/824-2200 brownlowod@aol.com

ENVISION 06 CONFERENCE Sept. 21-24, 2006 The Westin Crown Center, Kansas City, MO 316/682-4646 Michael.epp@envisionus.com www.envisionconference.org

IDAHO OPTOMETRIC ASSOCIATION, INC. Sept. 28-Oct. 1, 2006 Coeur d'Alene, ID 208/461-2000 lebenton@aol.com

ILLINOIS OPTOMETRIC ASSO-CIATION ANNUAL MEETING, Sept. 28-Oct. 1. Crowne Plaza Springfield, IL. ioapr@ioaweb.org 800-933-7289 TENNESSEE OPTOMETRIC ASSOCIATION, INC Sept. 28-Oct. 1, 2006 Gatlinburg, TN 615/269-9092 bridget@toaonline.com

MINNESOTA OPTOMETRIC ASSOCIATION FALL MEETING Sept. 29-30, 2006 Duluth, 952/841-1122 jessica@mneyedocs.org www.mneyedocs.org

KENTUCKY OPTOMETRIC ASSOCIATION 2006 FALL EDUCATION CONFERENCE Sept. 29-Oct. 1 Embassy Suites - Lexington, KY 502-875-3516 www.kyeyes.org sarah@kyeyes.org

GEORGIA OPTOMETRIC ASSN. FALL EDUCATION CONFERENCE Sept. 30-Oct. 2, UGA Center for Continuing Education, 800/949-0060 or 770/961-9866 vanessagpa@aol.com

October

INDIANA OPTOMETRIC ASSOCIATION 2006 FALL SEMINAR Oct. 4-5, 2006 Indiana Memorial Union Bloomington, (317) 237-3560 ctwinfree@ioa.org

MICHIGAN OPTOMETRIC ASSOCIATION 38TH CON-TACT LENS & PRIMARY CARE SEMINAR Oct. 4-5, 2006 Lansing Center, Lansing, MI William D. Dansby 517/482-0616 FAX 517/482-1611 mioptoassn@aol.com

SOUTHERN COLLEGE OF OPTOMETRY ALUMNI HOMECOMING & CONTINUING EDUCATION WEEKEND Oct. 5-8, 2006 www.sco.edu 800/238-0180, ext. 4 ce@sco.edu

AOA "NEW LEADERSHIP IN ADVOCACY" WORKSHOP Oct. 5-8, Chicago Westin Airport Hotel. NBrazil@AOA.org or SLCooper@AOA.org.

MISSOURI OPTOMETRIC ASSOCIATION, INC. Oct. 5-8, 2006 Lake of the Ozarks, MO 573/635-6151 joycem@socket.net

KANSAS OPTOMETRIC ASSOCIATION FALL EYECARE CONFERENCE Oct. 6-8, 2006 Airport Hilton, Wichita, KS 785/232-0225 info@kansasoptometric.org

VT/STRABISMUS & AMBLYOPIA, Baltimore, Presented by OEP Clinical Curriculum. Oct. 6-9, 800 447 0370 or visit www.babousa.org.

OPTOMETRY ASSOCIATION OF LOUISIANA FALL CE CONFERENCE, Oct. 7 2006 Sheraton Hotel, Baton Rouge, Dr. Jim Sandefur 318/335-0675 or 318/613-1392, optla@bellsouth.net

NEW ENGLAND PROFESSIONAL CONFERENCES FALL OPTOMETRIC SEMINAR Oct. 8, 2006 Malvern, PA 978/470-3500 nepc@comcast.net www.neconferences.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION GLAUCOMA UPDATE 2006, Oct. 10. Nanticoke, PA 717/233-6455 Ilene@poaeyes.org

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CENTRE FOR EYE RESEARCH AUSTRALIA "SEEING THE FUTURE" Oct. 12-13, 2006 Melbourne, Australia 61 3 9929 8425 www.erf.org.au

VOSH/INTERNATIONAL ANNUAL MEETING Oct. 12-15, Palm Island Resort and Marina, Lake Monroe, FL 417/328-5825 Covington@Clfl.rr.com www.vosh.org

OHIO AND EAST/WEST EYE CONFERENCE Oct. 12-15, 2006 Cleveland, OH www.eastwesteye.org

OPTOMETRIC EXTENSION PROGRAM FOUNDATION REGIONAL CLINICAL SEMINAR Oct. 14-15, Cockeysville, MD 410/296-1616

HUDSON VALLEY OPTOME-TRY SOCIETY, FALL SEMINAR AT WEST POINT Oct. 13, Hotel Thayer at West Point NY 845/471-1244 cwlewick@yahoo.com

CONTACT LENS AND CORNEA SECTION OD EDUCATIONAL FORUM, Oct. 16, 2006, Las Vegas, Sponsored by CooperVision, 800/365-2219, x4137, LJRickard@aoa.org

GREAT WESTERN COUNCIL OF OPTOMETRY ANNUAL CONGRESS Oct. 19-22, 2006 Doubletree/Oregon Convention Center, Portland Marti L. Wangen, CAE 406/443-1160 2006congress@gwco.org www.gwco.org

NEBRASKA OPTOMETRIC ASSOCIATION, INC. ANNUAL MEETING Oct. 20-22, 2006 Kearney, NE 402/474-7716 FAX: 402/476-6547 noa@assocoffice.net

NEW ENGLAND PROFESSIONAL CONFERENCES Fall Optometric Seminar Oct. 22, 2006 Marlboro, MA Janet Swartz 978/470-3500 nepc@comcast.net www.neconferences.com

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COLLEGE OF OPTOMETRISTS IN VISION DEVELOPMENT 36th COVD ANNUAL MEETING Oct. 24-28, 2006 Pointe Hilton at Squaw Peak, Phoenix, AZ 330-995-0718 info@covd.org www.covd.org

INTERNATIONAL LIGHT ASSOCIATION ANNUAL MEETING, Oct. 16-22, 2006 Heidelberg, Germany http://www.international-lightassociation.org Dr. Jennifer Breiling, 800/814-3369 For more meetings information, visit www.AOANews.org.

To submit an item, send a note to EventCalendar@ aoa.org

NORTH DAKOTA
OPTOMETRIC ASSOCIATION,
Oct. 26-28, 2006
Doublewood Inn
Bismarck, ND
701-258-6766
ndoa@btinet.net
www.ndeyecare.info

ARKANSAS OPTOMETRIC ASSOCIATION Oct. 26-29, Eureka Springs Jennifer Martinez, 501-661-7675 aropt@swbell.net www.arkansasoptometric.org

ALABAMA OPTOMETRIC ASSOCIATION, INC Oct. 27-29, 2006 Birmingham, AL optometry@alaopt.com

BAY POINT ANTERIOR SEGMENT SYMPOSIUM, Doubletree Hotel, Orlando, Oct. 27-29 Joseph F. Molinari, O.D., M.Ed 850 878-0191 x 2169 or joseph.molinari@med.va.gov

NEW HAMPSHIRE OPTOMETRIC ASSOCIATION, Oct. 27-29, 2006 Bartlett, NH www.nheyedoctors.org

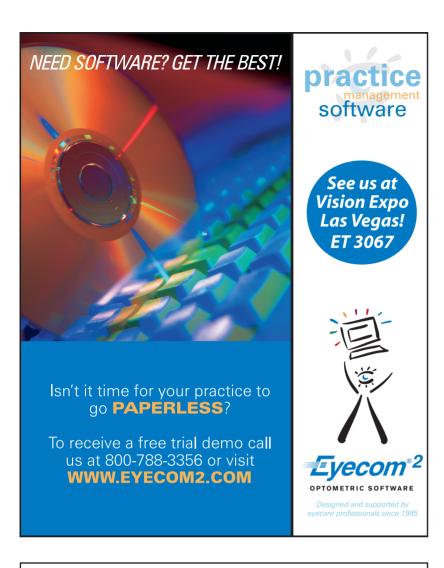
November

LIGHTHOUSE INTERNATIONAL LV11 – Pediatric Low Vision Care, Nov. 2-3, 2006 New York, NY 212/821-9487 cczeto@lighthouse.org www.lighthouse.org/ce

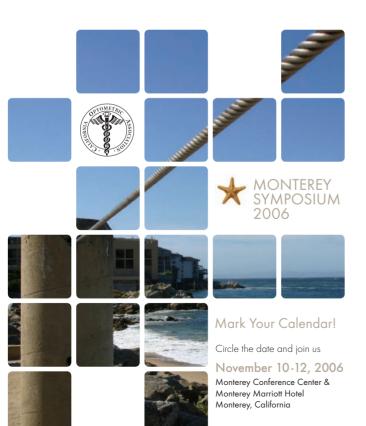
AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING, Nov. 4-8, Boston, MA www.apha.org

OEP CLINICAL CURRICULUM EXAMINING INFANTS AND CHILDREN THROUGH AGE 3, Nov. 4-5, Grand Rapids, MI 800/447-0370 www/babousa.org









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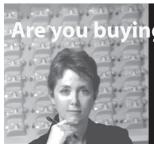
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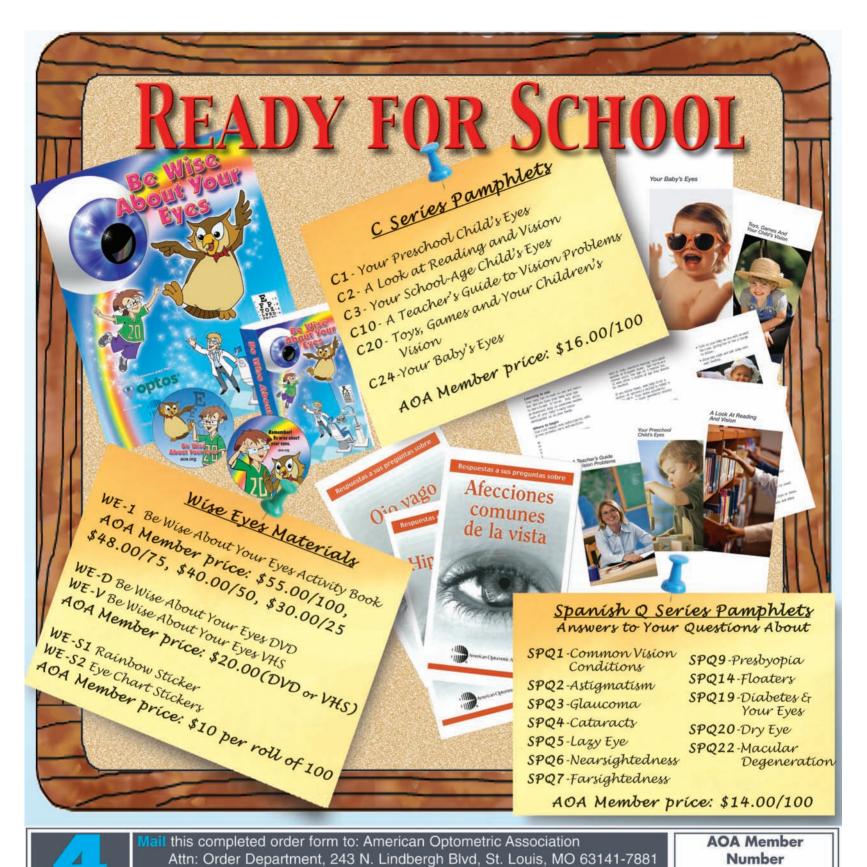
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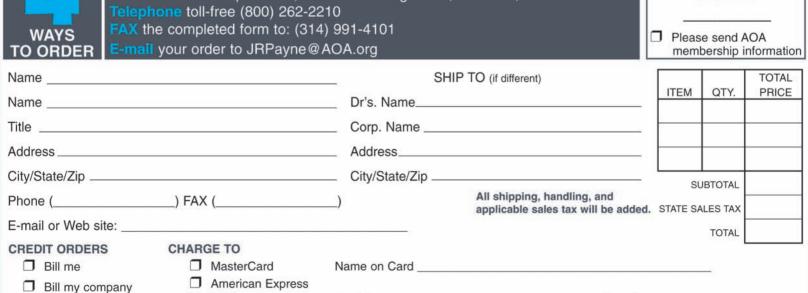
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References

1. Survey of 300 optometrists. Harris Interactive® June 2006. 2. Rosenthal RA, Bell WM, Schlech BA. Evaluation of a new contact lens disinfection formulation for disinfection efficacy. Alcon Laboratories, Inc. Poster presented at ARVO 2005. 3. Garofalo R, Dassanayake N, Carey C, et al. Corneal staining and subjective symptoms with multipurpose solutions as a function of time. Eye Contact Lens. 2005;31:166-167. 4. Andrasko GJ. Ryen KA, Garofalo RJ, Lemp JM. Compatibility of silicone hydrogel lenses with multi-purpose solutions. Alcon Laboratories, Inc. Poster presented at ARVO 2006.

